

Report Title: Monthly Licensing Activity Report
Report: PM04a06
Topic: Licensing Home Providers : PM04a
Report Content: For each worker this report lists all Providers (currently having information in the WiSACWIS system), by Status, by Provider Type with relevant provider information.
Dependencies: None
Frequency: Monthly
Runtime Parameters: Specific County/All Counties; Specific Month
<p>Selection Criteria: Refer to Report Information below for selection criteria.</p> <p>The report applies the County of the Worker with Primary Assignment to a Provider to determine the statistics to be included in the report: e.g. Provider records where a Dane County worker is identified as Primary Worker, will appear as Dane County statistics.</p> <p>The following criteria are used to identify the records to be recorded for a County:</p> <ul style="list-style-type: none"> • Use PROVIDER_ORG table, where P.ID_PRVD_ORG = ASSIGNMENT.ID_GRP_LVL1 and ASSIGNMENT.CD_ASGN_CTGRY = 2 and ASSIGNMENT.CD_ASGN_ROLE = 1, to identify the worker with Primary Assignment. • Match ASSIGNMENT.ID_PRSN to WORKER.ID_PRSN. Use the worker's CD_OFC_DIV to define County. <p>Draw the Provider statistics for the report, where WORKER.CD_OFC_DIV matches the report run County parameter.</p>
Sort Criteria: Sort by County, Supervisor, Worker, Application or License Status, Provider Type, and Provider name.
<p>Level Breaks: Page Break by County and Supervisor</p> <p>Section Break by Worker</p> <p>Section Break by Application/License Status</p>
Output Data: For each Supervisor, this report lists the workers and their providers by application or License Status and Provider Type. The report includes Provider Name, Provider ID, Provider Address, Phone number, License Type, License capacity, Date Application was made or License became effective and Date License expires.
Audience: Out-of-Home Care Workers and Supervisors, Adoptive Home Workers and Supervisors, etc. Reports must be available to view on-line and print on a locally attached printer.
Business Intent: Provide Application and Licensing activity information to workers, supervisors, and management.

Specific Requirements:	
Application or Licensing Status breakdowns:	
New Inquiries	Inquiries received during the report month.
New Applicants	Applications received during the report month.
Pending Applicants	All Applicants with a pending status during the report month (include Application Date).
Adoptive Home Applicants Pending 120 days or more	Only Adoptive Home Applicants who remain pending 120 or more days after the Application Date.
Foster Homes and Treatment Foster Homes Pending 60 days or more	Only Foster Home and Treatment Foster Home Applicants who remain pending 60 or more days after the Application Date.
Approved during the month	Applicants whose status changed from pending to approved during the report month.
Approved Applicants with Open Beds	Approved homes whose licensed capacity exceeds the number of placements.
Expired Licenses	Licenses that expired during the report month (with Expiration Date).
Due for Re-Licensing	Re-Licensing is due within 90 days of the end of the report month (include Re-Licensing Date).
Active-Regular	
Denied	
Closed	
Placed on Hold	
Pending	
Renewed	
Revoked	

Date: MM/DD/YYYY
Time: HH:MM pm

Wisconsin Dept. of Health and Family Services
Division of Children and Family Services
Provider: Monthly Application and Licensing Activity
For Month/Year: MMM/YYYY

Report ID: xxxxxx
Page: 9,999

County: Milwaukee

Supervisor Name: Supervisor Name

Worker Name: Worker Name

Application/License Status: XXXXXXXXXXXXXXXXXXXXXXXX

Inquiry/Provider Type	Provider Name	Inquiry/ Provider ID	Phone	License Type	Capacity	License Information		
						Application or License Date	Expiration Date	License Status
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX

Total Number of Providers : XX

Application/License Status: XXXXXXXXXXXXXXXXXXXXXXXX

Inquiry/Provider Type	Provider Name	Inquiry/ Provider ID	Phone	License Type	Capacity	License Information		
						Application or License Date	Expiration Date	License Status
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-999-9999	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	999 999	MM/DD/YYYY MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY	XXXXXXXXXX XXXXXXXXXX

Total Number of Providers : XX

